

## Westview Robotics Academy REGISTRATION FORM



STUDENT INFORMATION							
Student Name:	Grade: Bi		Birt	Birthdate:		Age:	
Address:							
Email:	Home Phone #: Cel			Cell Ph	one #:		
PARENT/GARDIAN INFORMATION							
Parent/Guardian Name:							
Parent/Guardian Cell #:	Parent/Guardian Work #:			Parent/Guardian Home #:			
Parent/Guardian Email:							
INSURANCE INFORMATION							
Please indicate primary insurance comp	any:						
Subscriber's name:	Group # (optional):			Pol	Policy #:		
Please list any allergies or conditions Westview Robotics should be aware of:							
Please list any dietary restrictions:							
IN CASE OF EMERGENCY							
Name of local friend or relative:	Relationshi	•	Cell phone #:		ŀ	Home phone #:	
RELEASE							
The Westview Robotics is preparing for your child to have fun and an educational experience. We ask that you sign the following release:							
I have read and completed this application Robotics Academy. It is understood that accident or illness of participant. In case necessary for the health and safety of many legal obligation in the event of an action BPS Robotics to use photographs of the promotion.	the Westview F of injury or acci y child. I hereby cident or injury.	Robotics Acade dent, I give pe release the W I also give per	my and T rmission for estview R mission for	ektronix wor the Aca tobotics A or the Wes	vill not b ademy s cademy stview R	e held liable in case of staff to do what is and Tektronix from Robotics Academy and	
Print Parent/Guardian Name:							
arent/Guardian Signature: Date:							
For information and Space availability of bpsrobotics.org, before sending tuition. A Make checks payable to: Westview Rob Send Tuition and Registration to: Westview Robotics 3030 NW 178th Portland, OR. 97225 Attn: Bob Hendel	Academy tuition					Website:	

The Beaverton School District does not sponsor or endorse the activities and/or information in community flyers.